

1 **OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES**

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3 **Resolution No. 24 – 2024**

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5 **Introduced by:** Brooke Wolf, MD, Mary LaPlante, MD

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7 **Subject:** Oversight of Health Insurance Companies

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9 **Referred to:** Resolutions Committee No. 2

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13 **WHEREAS**, the OSMA is concerned that our patients face significant roadblocks
14 in gaining access to their medical insurance benefits and are not receiving the full
15 benefits, to which they are entitled by their contracts, because of financial motivated,
16 unreasonably narrow definitions of medical necessity practiced by health insurance
17 carriers, which are, in some cases, inconsistent with their own written criteria; and

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19 **WHEREAS**, health insurance carriers commonly use various unreasonable
20 roadblocking tactics to delay payment to physicians or to avoid covering care the
21 treating physician feels is medically necessary. These financially motivated tactics delay
22 treatment of the patient, take physician and office time away from patient care, and
23 contribute to a decrease in physician morale and to an increase in physician burnout;
24 and

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26 **WHEREAS**, the Ohio Department of Insurance (ODI) has responsibility of
27 oversight of health insurance carriers, but currently investigates only individual
28 complaints brought by patients or physicians rather than initiating proactive reviews of
29 insurance company policies and procedures to assess whether they are consistent with
30 quality medical practice and in good faith with the best interest of patients; and

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32 **WHEREAS**, there is a precedent in Section 3902.36 of the Ohio Revised Code,
33 commonly known as the Mental Health Parity Act, requiring the ODI "to implement and
34 enforce all applicable provisions of that act...and to proactively ensure compliance by
35 health plan issuers", including reasonable standards for medical necessity. Rather than
36 just responding to complaints, therefore it would be reasonable to ask ODI to do similar
37 proactive review of health insurance carrier policies for approving all medical care; and

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39 **WHEREAS**, busy physicians, focused on patient care, generally do not submit
40 complaints about insurance company policies and procedures to the ODI. Patients
41 generally do not have the medical knowledge to know what care is necessary. Although
42 they are frustrated by roadblocks, patients rely on their doctors to battle for their
43 medically necessary care and are not motivated to complain to the ODI. Therefore
44 unfair, unreasonable policies and practices by health insurance companies go largely
45 unreported; and therefore

47 **BE IT RESOLVED**, that our OSMA support proactive oversight of health
48 insurance carrier policies and practices by the ODI by encouraging the ODI to develop a
49 panel, with physician participation, to provide oversight of health insurance carrier
50 policies and practices; and be it further

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52 **RESOLVED**, that our OSMA actively encourages and supports physicians,
53 patients, and hospitals reporting inappropriate and unfair practices by health insurance
54 carriers directly to the Department of Insurance; and be it further

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56 **RESOLVED**, that our OSMA create a structure to which physicians can report
57 concerns and submit gathered information, regarding inappropriate, unsafe, or unfair
58 health insurance carrier policies to be compiled, evaluated for merit, and, if validated,
59 reported to the ODI, with appropriate supporting information from the OSMA.

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61 **Fiscal Note:** \$ (Sponsor)
62 \$ 1,000 (Staff)

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